

EPA Region 5 Records Ctr.



383028

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

ILD 980677587



03/23701

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

II. SITE NAME AND LOCATION							
C1 SITE NAME (Legal, common or descriptive name of site) MSD CAL-SAG SITE				02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER ROUTE 83 AND AUSTIN AVE.			
C3 CITY PALOS HILLS		04 STATE IL		05 ZIP CODE		06 COUNTY COOK	
09 COORDINATES LATITUDE 41.4037.0		LONGITUDE 087.4610.0		07 COUNTY CODE 031		08 CONG DIST	
13 DIRECTIONS TO SITE (Starting from nearest public road) TRI STATE TOLLWAY 294 SOUTH TO 127 th AVE. WEST ON 127 th AVE TO ROUTE 83. NORTH ON ROUTE 83 TO AUSTIN AVE. SITE ON NORTH SIDE OF ROUTE 83.							
III. RESPONSIBLE PARTIES							
C1 OWNER (if known) METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO				02 STREET (Business, mailing, residential) 100 EAST ERIE			
C3 CITY CHICAGO		04 STATE IL		05 ZIP CODE 60611		06 TELEPHONE NUMBER 312-780-4005	
07 OPERATOR (if known and different from owner)				08 STREET (Business, mailing, residential)			
09 CITY		10 STATE		11 ZIP CODE		12 TELEPHONE NUMBER	
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input checked="" type="checkbox"/> F. OTHER: <u>INDEPENDENT TAKING ENTITY</u> (Specify) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> G. UNKNOWN							
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE							
IV. CHARACTERIZATION OF POTENTIAL HAZARD							
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE <u>11/14/79</u> MONTH DAY YEAR <input type="checkbox"/> NO				BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN				03 YEARS OF OPERATION <u>79</u> <u>80</u> BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED SLUDGES TOXIC PERSISTANT							
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION NONE KNOWN							
V. PRIORITY ASSESSMENT							
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)							
VI. INFORMATION AVAILABLE FROM							
01 CONTACT MARY SCHROEDER		02 OF (Agency/Organization) IEPA				03 TELEPHONE NUMBER 312-345-9780	
04 PERSON RESPONSIBLE FOR ASSESSMENT MARY SCHROEDER		05 AGENCY IEPA		06 ORGANIZATION		07 TELEPHONE NUMBER 312-345-9780	
						08 DATE 04/30/84 MONTH DAY YEAR	



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
ILD 980677587

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE EXPLOSIVE CONDITIONS

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 AREA POTENTIALLY AFFECTED: _____

(Acres)

04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 WORKERS POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

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II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 0

IV. COMMENTS

SLUDGE WAS ULTIMATELY GRADED AND SEEDED. AREA OF APPLICATION IS COVERED WITH NON FOOD CHAIN VEGETATION. ISGS SAY MOVEMENT OF METALS UNLIKELY.

V. SOURCES OF INFORMATION (Cite specific references, e.g. state files, sample analysis, reports)

STATE FILES